

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 06-17-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The massage therapy, therapeutic exercises and neuromuscular re-education were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 8th day of October 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 10-20-03 through 12-16-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of October 2004.

Roy Lewis
Medical Dispute Resolution Supervisor
Medical Review Division
RL/dlh

October 4, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT
Corrected dates in dispute

Re: Medical Dispute Resolution
MDR #: M5-04-3548-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.:

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- letter of medical necessity 01/19/04
- physical therapy notes 09/22/03 – 12/17/03
- FCE's 07/02/03 – 03/04/04
- radiology report 07/07/03

Information provided by Respondent:

- designated doctor exam 11/10/03
- medical record review 09/16/03

Information provided by Treating Doctor:

- office notes 06/26/03 – 03/16/04

Information provided by Pain Management Specialist:

- office notes 01/26/04 – 04/16/04

Information provided by Orthopedic Surgeon:

- office notes 07/18/03 – 12/18/03
- operative report 07/23/03

Clinical History:

The records indicate the patient was injured on the job on _____. The injury was diagnosed as a torn rotator cuff. It was originally evaluated and treatment was rendered as well as he was placed off of work. The patient continued to experience problems and was referred to a specialist who recommended the patient undergo surgical repair. The patient underwent a rotator cuff repair and clavicle resection on 07/23/03. He did have complications with an infection, which postponed the starting of his physical therapy. He started on passive modalities in mid August and advanced to a formal physical therapy program on 09/23/03. Over the course of treatment, range of motion testing as well as muscle testing was performed, which documented appropriate progression and an improvement through the treatment that was being rendered.

Disputed Services:

Massage therapy, therapeutic exercises and neuromuscular re-education during the period of 10/20/03 through 12/16/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

National treatment guidelines allow for this type of treatment for postoperative rehabilitation. There is sufficient documentation on each date of service to clinically justify the services that were rendered. The patient progressed well through his therapy and was formerly discharged from therapy on 12/17/03. In conclusion, each date of service has sufficient documentation to warrant the services that were rendered. All denied services, that is massage therapy, therapeutic exercises, and neuromuscular reeducation during the period of 10/20/03 through 12/16/03 were, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury.

Sincerely,